DEST MYMILABLE CUTT

| | | | | | | | | | Application or Docket Number | | | | | |
|---|--|---|-----------------|-------------------------------|------------------------------|------------------|---------|------------|------------------------------|------------------------|----------|-------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 991223 | | | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I . '. (Column 2) | | | | | | | | | SMALL ENTITY TYPE (| | | OTHER THAN OR SMALL ENTITY | | |
| TO | TAL CLASS | | 38 | | | | | RAT | Ε | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC | FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 3 8 minus 20= | | 18 | | | X\$ 9 |) = | 162. N | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | 3 minus 3 - | | | | | X40 | = | | OR | X80= | | |
| MPU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | | | +135 | | | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "O" in column 2 | | | | | | | | | u. | 170 | OR | TOTAL | | |
| 1 | WY OF | LAIMS AS A | | | , | 4,1.5 | | OTHER | THAN | | | | | |
| r | 3-30-C | iś. | SMA | LL I | ENTITY | OR | SMALL 6 | NTITY | | | | | | |
| AMENDMENT A | | CLABAS REMARKING AFTER AMENDMENT | | HIGH HUM PREVIO PAID | BEA | PRESENT EXTRA | | RAT | ξ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| DMC | Total | .42 | Minus | -3 | 8 | . 4 | | X\$ 9 | • | 36.00 | ΟЯ | X\$18= | 0 | |
| E SE | Independent | • 3 | Minus | 3 | 5 | = Ø | | X40 | | ф | OR | х еб= | 0 | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135 | _ | | OR | +270= | | |
| Ifand of | | | | | | | | TO | TAL | 3600 | 00 | TOTAL ADDIT, FEE | 0 | |
| | 1-1 | (Column 1) | | | mn 2) | (Column 3) | | | | | · | • | | |
| NT B | | CLAIMS REMAINING AFTER AMENDMENT | | PREW | KEST IBER OUSLY FOR | PRESENT EXTRA | | RAT | Ε | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMENT | Total | . 42 | Minus | 4 | 2 | - Ø | H | X\$ 9 | ± | | OR | X\$18= | | |
| MEN | Independent | . 3 | Minus | *** | 3_ | - Ø | | X40 | | | OR | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135 | | | OR | +270= | | |
| | | | | | | | | 10 | Æ | | OR | YOYAL | - | |
| | | | | | | | | | EE | | , | ADDIT. FEE | | |
| | | (Column 1) | | | mn 2) ÆSY | (Column 3) | 1 | | _ | *00: | 1 | | 400 | |
| ENT C | ا الاعتمادات | REMAINING AFTER AMENDMENT | and the | PREVI | BER OUSLY FOR | PRESENT EXTRA | | RATI | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| ξ | Total | . 42 | Minus | 4 | 2 | • | | X8 9 | | | OR | XS18- | | |
| AMENDMENT | tndependens | . 3 | Minus | ر | 3 | 2 | | X40- | | | OR. | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | - | | | | | |
| If the entry in column 1 is less than the entry in column 2, write "V" in column 3. | | | | | | | | | | | OR | +270= | | |
| " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE | | | | | | | | | | | | ADDIT, FEE | | |
| • | The Trighest Hun | rber Previously Pa | ed For (Total o | Independ | teni) is th | e highest numb | er to | and in the | 49 | propriete bo | k tin co | lumn 1. | | |

FORM PTO-675 (Rev. 8/00)